

298887

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2021 - 115 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: JR Limousine LLCTelephone: (864) 591-9327Address: 383 N Timm Creek Ave.

Fax: _____

Roebuck, SC 29376

Other: _____

Email: jrlimousineservice@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
MAR 26 2021
PSCSC
Clerks Office

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

Date: 03/16/2021

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. JR Limousine LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

383 N Timm Creek Ave. Roebuck, SC 29376

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

(864) 591-9327

Phone

Fax

jrlimousine service@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text"/>	Mortgage/Loan on Real Estate	<input type="text"/>
Value of Motor Vehicles	<input type="text" value="7,000.00"/>	Loans Owed on Motor Vehicles	<input type="text"/>
Cash on Hand	<input type="text"/>	Business/Other Loans Owed	<input type="text"/>
Cash in Bank	<input type="text"/>	Other Liabilities or Debts	<input type="text" value="."/>
Value of Other Assets and Equipment	<input type="text"/>	Total Liabilities	<input type="text" value="0"/>
Total Assets	<input type="text" value="7,000.00"/>		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

\$90⁰⁰ to \$100⁰⁰ per hour.

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☐ 1-7 Passengers, including driver

☒ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Lincoln	2007 Town Car	1L1FM88W97Y620635	4,200

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

JR Limousine LLC

Name of Applicant

383 N Timm Creek Ave Roebuck, SC 29376

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$

Limits

see attached

\$25,000/100,000/25,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

8-15 Passengers* \$ 25,000/100,000/25,000

GEICO

Name of Insurance Company

One GEICO Plaza Washington, DC 20007

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

JR Limousine LLC

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Wendy Chica

Applicant's Signature

Owner

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF *Spartanburg*)

SWORN TO BEFORE ME

This *16* day of *MARCH*, 20 *21*

Brad Rawson
Notary Public

Commission Expires *11.24.2025*



Brad Rawson
NOTARY PUBLIC, STATE OF SOUTH CAROLINA
My Commission Expires 11/24/2025

Print Application

Business Entities Online

File, Search, and Retrieve Documents Electronically

JR LIMOUSINE LLC

Corporate Information

Entity Type: Limited Liability Company

Status: Good Standing

Domestic/Foreign: Domestic

Incorporated State: South Carolina

Important Dates

Effective Date: 03/15/2021

Expiration Date: N/A

Term End Date: N/A

Dissolved Date: N/A

Registered Agent

Agent: WENDY CHICA

Address: 383 N TIMM CREEK AVE
ROEBUCK, South Carolina 29376

Official Documents On File

Filing Type	Filing Date
Articles of Organization	03/15/2021

Filing ID: 210315-1607191

Filing Date: 03/15/2021

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

JR LIMOUSINE LLC

***Note:** The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC.", "LLC", "LC.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
383 N TIMM CREEK AVE

(Street Address)

ROEBUCK, South Carolina 29376

(City, State, Zip Code)

3. The initial agent for service of process is

WENDY CHICA

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
383 N TIMM CREEK AVE

(Street Address)

ROEBUCK

(City)

South Carolina 29376

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

WENDY CHICA

(Name)

383 N TIMM CREEK AVE

(Street Address)

ROEBUCK, South Carolina 29376

(City, State, Zip Code)

JR LIMOUSINE LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

--

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____.

JR LIMOUSINE LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

WENDY CHICA

Signature of Organizer

Date: 03/15/2021

Signature of Organizer

Date: _____



Berkshire Hathaway Berkshire Hathaway Homestate Companies
 1314 Douglas Street
 HOMESTATE COMPANIES Omaha, NE 68102

Commercial Auto Insurance Binder

JR LIMOSUINE LLC
 383 N TIMM CREEK AVE
 ROEBUCK, SC 29376

Policy Term: 03/25/2021 1:49 PM to 03/25/2022 12:01 AM
 Policy Number: 03APG09809901
 Minimum Earned Premium: \$0
 Business Description: LIMOUSINE/LUXURY TRANSPORTATION

Total Policy Premium:

603

Issued by: Berkshire Hathaway Homestate Companies (Omaha, NE)

THIS BINDER IS A TEMPORARY CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE BOTTOM OF THIS FORM.

Thank you for your recent order for coverage. We are pleased to bind coverage (FOR 30 DAYS) effective 03/25/2021 1:49 PM with Cypress Insurance Company.

Coverage Information

<u>Coverage</u>	<u>Limit</u>
Liability (BI & PD)	\$25,000 each person / \$50,000 each occ. / \$25,000 each occ.
Liability applies to scheduled autos only.	
Uninsured Motorist - Nonstacked (BI & PD)	\$25,000 each person / \$50,000 each occ. / \$25,000 each occ.
Underinsured Motorist (BI & PD)	\$25,000 each person / \$50,000 each occ. / \$25,000 each occ.
Medical Payments	\$2,000
Physical Damage	See Vehicle Information. Only covered if a value and deductibles are listed.
	Not Covered

Vehicle Information

1. 2007 LINCOLN TOWN CAR

VIN: 1L1FM88W97Y620635

with UMPD

Special Conditions:

This binder may be cancelled by the Company by notice to the insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Account Summary For JR LIMOSUINE LLC

Quote #: 11541494

Status: Bound

Policy Type: AP

Originally Quoted: 3/25/2021 1:26 PM EDT
 Quote Printed: 3/26/2021 12:23 PM EDT
 Effective Date: 3/25/2021 1:49 PM EDT
 Expiration Date: 3/25/2022 12:01 AM EDT

Quoted By: William Fulginiti
 GEICO Insurance Agency, Inc.
 One GEICO Blvd
 Fredericksburg, VA 22412
 Phone - (800) 841-3000

WFulginiti@geico.com

DOT #: Unknown
 MC #: Unknown

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	25,000/50,000/25,000	437
7	UM - BIPD	25,000/50,000/25,000	45
7	UIM - BIPD	25,000/50,000/25,000	66
7	Medical Payments	2,000	55
7	Physical Damage	See Specific Unit	N/A
Total			\$603.00

Revision: 3SC2020R02

Vehicle Information

BHHC-Rate Version: 8.7.4658.1

Unit	Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	Al/Lessor	Unit Sub Total
1 2007 LINCOLN TOWN CAR (20635) Radius: Up to 25 Miles	437	45	66	55	N/A	N/A	N/A	603



Berkshire Hathaway
 HOMESTATE COMPANIES



The Public Service Commission State of South Carolina

Jocelyn Boyd
Chief Clerk/Executive Director
Phone: (803) 896-5100
Fax: (803) 896-5246

COMMISSIONERS
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Chairman
Florence P. Belser, Second District
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Carolyn L. "Carolee" Williams, First District
Stephen M. "Mike" Caston, Third District
Thomas J. "Tom" Ervin, Fourth District
Headen B. Thomas, Fifth District
Delton W. Powers, Jr., Seventh District

Clerk's Office
Phone: (803) 896-5100
Fax: (803) 896-5199

March 25, 2021

JR Limousine LLC
383 N. Timm Creek Ave.
Roebuck, SC 29376
jrlimousineservice@gmail.com

Dear Sir/Madam:

I am returning your application for Class C (Charter) Certificate (via e-mail) for the following reasons:

Page 5 (Insurance Quote) – You failed to list the amount of the premium that you are paying you're your insurance. The quote must be completed and signed by the insurance agent. If you get a quote online, print off the quote and attach to the form. Make sure that the premium and amount of coverage is listed on the form. **Paperwork from your agent supporting the quote must be attached also.**

Page 8 – Please indicate if you wish to participate with the Commission's eService System. Check Box 1 if you wish to participate; Box 2 if you wish to receive matters via certified mail.

If you have any questions relative to this application, please call the Commission at (803) 896-5100.

Sincerely,

Janice Schmieding
Clerk's Office

cc – Carole Chauvin, Office of Regulatory Staff (via e-mail)
Jenna Sarrell, Office of Regulatory Staff (via e-mail)